

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT										
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP	IND	DEP
1							51								
2							52								
3							53								
4							54								
5		4					55								
6		4					56								
7		4					57								
8		4					58								
9		4					59								
10		4					60								
11		4					61								
12		4					62								
13		4					63								
14		4					64								
15		4					65								
16		4					66								
17		4					67								
18		4					68								
19		4					69								
20		4					70								
21		4					71								
22		4					72								
23		4					73								
24		4					74								
25		4					75								
26		4					76								
27		4					77								
28		4					78								
29		4					79								
30		4					80								
31		4					81								
32		4					82								
33		4					83								
34		4					84								
35		4					85								
36		4					86								
37		4					87								
38		4					88								
39		4					89								
40		4					90								
41		4					91								
42		4					92								
43		4					93								
44		4					94								
45		4					95								
46		4					96								
47		4					97								
48		4					98								
49		4					99								
50		4					100								
TOTAL IND.	56						TOTAL IND.								
TOTAL DEP.	164						TOTAL DEP.								
TOTAL CLAIMS							TOTAL CLAIMS								

33
31
64